

## DDA AGENCY SELF ASSESSMENT FORM ADULT PARTICIPANT CLINICAL REVIEW

Deficiency citation number	IDAPA 16 .04.11 DEVELOPMENTAL DISABILITIES AGENCIES	Is agency in compliance YES NO N/A	COMMENTS If marked no state reason why agency is not in compliance.
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Participant Name:

Agency:

Date:

16.04.11.705.02.	Is the Case Record organized? The case record must be divided into program and discipline areas identified by tabs, including plan of service, medical, social, psychological, speech, and developmental, as applicable.				
	<b>ELIGIBILITY</b>				
16.04.11.705.01.a and 708.02	Do the participant's records contain a physicians order? Each participant record must contain an order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; ( this can be the MCE, HC, or prescription)				
16.04.11.700.04. Also refer to 705.01.b	Individual Service Plan (ISP): Are the services delivered by the DDA included on the ISP and prior authorized before the participant can receive services?				
16.04.11.604.07 Also refer to 602	Does the file contain Medical Social Developmental History information?				
	<b>INTAKE / RIGHTS/ CONSENT -RECORD INFORMATION</b>				
16.04.11.705.01.d .	Does the participant file contain a current profile sheet? containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care;				
16.04.11.905.03.	<b>PARTICIPANT RIGHTS:</b> Does the agency have a process in place to assure that there is documentation that they provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights?				
	<b>COMPREHENSIVE DEVELOPMENTAL ASSESSMENT</b>				
16.04.11.708.01	Is the comprehensive developmental assessment completed prior to the delivery of service?				
16.04.11.708.01	Does the assessment document the participant's need for service?				
16.04.11.604.01.	Does the agency assure that a comprehensive developmental assessment completed by the DDA is conducted by a qualified Development Specialist?				
16.04.11.604.01.	Does the agency assure that the comprehensive developmental assessments completed by the DDA reflect a person's developmental status in the following areas: a. Self-care; b. Receptive and expressive language; c. Learning; d. Gross and fine motor development; e. Self-direction; f. Capacity for independent living; and g. Economic self-sufficiency?				
16.04.11.705.01.f.	Does the assessment, completed or obtained by the agency, include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators?				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.a	Does the comprehensive assessment determine the necessity of the service?				
16.04.11.600.01.b	Does the comprehensive assessment determine the participant's needs?				
16.04.11.600.01.c	Does the comprehensive assessment guide treatment?				
16.04.11.600.01.d	Does the assessment Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				

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16.04.11.600.01.e	Does the assessment recommend the type and amount of therapy necessary to address the participant's needs?				
16.04.11.602.01	<b>Is the assessment current?</b> To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to 601.02)	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participants current status in that service area?				
16.04.11.602. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				

### OTHER COMPREHENSIVE ASSESMENTS

If comprehensive assessment for PT/OT/SLP/Psych is indicated please use the checklists on pages 6-9 to assure compliance.

	<b>PSYCHOLOGICAL ASSESSMENTS</b>				
16.04.11.601.	<p><b>Psychological Assessment.</b> A current psychological assessment must be completed or obtained: (7-1-06) <b>a.</b> When the participant is receiving a behavior modifying drug(s); (7-1-06) <b>b.</b> Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06) <b>c.</b> Prior to the initiation of supportive counseling; (3-30-07) <b>d.</b> When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06) <b>e.</b> When a participant has been diagnosed with mental illness; or (7-1-06) <b>f.</b> When a child has been identified to have a severe emotional disturbance. (7-1-06)</p> <p>Does the participant meet any of the following requirements to indicate the need for a psychological assessment? If YES, complete the assessment requirements under Psychological Therapy Assessments at the end of the form.</p>				
	<b>PSYCHIATRIC ASSESSMENTS</b>				
16.04.11.601.01	Is there a need indicated for a Psychiatric Assessment? If so complete the assessment requirements under Psychiatric Assessments at the end of the form.				
	<b>OCCUPATIONAL THERAPY ASSESSMENT</b>				
16.04.11.420.15; 604.03, & 601.01	Has a need for Occupational Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under Occupational Therapy Assessments at the end of the form.				
	<b>PHYSICAL THERAPY ASSESSMENT</b>				
16.04.11.420.16 604.04 & 601.01	Has a need for Physical Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under Physical Therapy Assessments at the end of the form.				
	<b>SPEECH LANGUAGE ASSESSMENT</b>				
16.04.11.420.26 604.05 & 601.01	Has a need for Speech/Language Therapy been indicated on the comprehensive Developmental Assessment or is there comprehensive assessment completed or obtained? If YES, complete the assessment requirements under SLP Assessments at the end of the form.				
	<b>SKILL ASSESSMENTS</b>				
16.04.11.605.01.	Do skill assessments <b>further assess an area of limitation</b> or deficit identified on a comprehensive assessment?				
16.04.11.605.02	Are skill assessments related to a goal on the ISP				

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16.04.11.605.03.	Are skill assessments <b>conducted by Qualified Professionals</b> ? For the respective disciplines as defined in this chapter.				
16.04.11.605.04.	Do skill assessments determine a participant's skill level within a specific domain?				
16.04.11.605.05.	Are skill assessments used <b>determine baselines</b> and develop the program implementation plan?				
	<b>IMPLEMENTATION PLAN</b>				
16.04.11.703. Also refer to 705.01	Did the DDA develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service?				
16.04.11.703	Are the Program Implementation Plans related to a goal or objective on the participant's plan of service?				
16.04.11.703.	Are the Program Implementation Plans written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If not, the records must contain participant-based documentation justifying the delay.				
16.04.11.703.01.	Does the Program Implementation plan(s) contain the <b>participant's name</b> ?				
16.04.11.703.02	Does the Implementation plan include a <b>baseline statement</b> addressing the participant's skill level and abilities related to the specific skill to be learned?				
16.04.11.703.03	Do the implementation plans include <b>measurable behaviorally stated objectives</b> that correspond to those goals or objectives identified on the Plan of service?				
16.04.11.703.04.	Does the Program Implementation Plan(s) have <b>written instructions</b> to staff that have curriculum, interventions, task analysis, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective.				
16.04.11.703.04.	Are the written instructions <b>individualized and revised as necessary</b> to promote participant <b>progress</b> toward the stated objective.				
16.04.11.703.05.	Does the implementation plans identify the <b>type of environment(s)</b> where services will be provided? (Home, Center, and Community (i.e.: Albertsons on Apple; library etc.)				
16.04.11.703.06	Does the implementation plan have a <b>target date</b> for completion?				
	<b>Does the participant have the need for programming to address behaviors? If so complete below?</b>				
16.04.11.915.04.	<b>POSITIVE SOCIAL: Behavior Replacement.</b> Does the program(s) to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior?				
16.04.11.915.08	If programs are Written to assist participants with managing inappropriate behaviors, are they conducted with <b>written informed consent</b> of the participant, and guardian when applicable				
16.04.11.915.10	Is there a clear indication that the agency assures that interventions used to manage a participant's inappropriate behavior are never used: <b>a.</b> For disciplinary purposes; <b>b.</b> For the convenience of staff; <b>c.</b> As a substitute for a needed training program; or <b>d.</b> By untrained or unqualified staff.				
	<b>PROGRAM DOCUMENTATION REQUIREMENTS</b>				
16.04.11.706.	<b>COLLABORATION:</b> If other services are utilized, is there documentation Collaboration through coordination of each participant's DDA program with providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services? (Copy of IEP, PCS, RH and PSR)				
16.04.11.704.01.a	Are <b>daily entries of all activities</b> conducted toward meeting participant objectives?				
16.04.11.704.01.b	Is there <b>Sufficient progress data</b> to accurately assess the participant's progress toward each objective;				
16.04.11.704.01.c	Is there an ongoing review of the data, and, when indicated, <b>changes in the daily activities</b> or specific implementation procedures by the qualified professional. The review must include the qualified				

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	professional's dated initials.				
16.04.11.704.01.d	Is there documentation of <b>six (6) month and annual reviews</b> by the Developmental Specialist that includes a written description of the <b>participant's progress</b> toward the achievement of therapeutic goals, <b>and why he continues to need services?</b>				
16.04.11.705	Does the participant record clearly document the <b>date, time, duration, and type of service?</b>				
16.04.11.705	Does the participant record include the <b>signature</b> of the individual providing the service, for each service provided? Each signature must be accompanied both by credentials and the date signed. <b>16.04.11.705</b>				
16.04.11.700.05	Does <b>Documentation of Plan Changes</b> at a minimum include the reason for the change, the date the change was made, and the signature of the professional making the change complete with date, credential, and title.				
16.04.11.700.05	If there are changes to a Program Implementation Plan that affect the <b>type or amount</b> of service on the plan of service, Does the agency assure that an <b>addendum</b> to the plan of service is completed.				
	<b>QUALITY ASSURANCE/DEVELOPMENTAL THERAPY</b>				
16.04.11.900.02.d	<b>PARTICIPANT SATISFACTION:</b> Does the agency have documentation that quality of services is assured through ongoing participant satisfaction?				
16.04.11.510.04.	<b>INCIDENT REPORT:</b> Does the file contain incident reports for all accidents, injuries or other events that endanger the participant?				
16.04.11.510.04.	Does each incident report contain documentation that the adult participant's legal guardian, if he has one, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so?				
	<b>SERVICE DELIVERY</b>				
<b>SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES.</b>					
<b>Where Applicable: Based on observation/documented notes of DS observation</b>					
16.04.11.520.01.	Is there evidence that community-based setting is accessible, safe, and appropriate for the participant				
16.04.11.520.02.	Is there evidence that community-based setting are designed and equipped to meet the needs of the participant including factors such as sufficient space, equipment, lighting, and noise control.				
16.04.11.520.03.	Is there evidence that community-based setting services occur in integrated, inclusive settings and with no more than three (3) participants per trainer at each training session.				
16.04.11.520.04	Is there evidence that community-based setting enhances the participant's social image, personal competencies, and promote inclusion in the community?				
	<b>DEVELOPMENTAL THERAPY</b>				
16.04.11.711	Is Developmental therapy based on a comprehensive developmental assessment completed prior to the delivery of developmental Therapy?				
16.04.11.711.01	Does the agency assure that the <b>Areas of Service</b> are directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency.				
16.04.11.711.02	Is the Developmental therapy is <b>age-appropriate?</b>				
16.04.11.900	Does the agency have a process to assure that <b>Tutorial Activities and Educational Tasks</b> are not included in therapy?				
16.04.11.900.	Is there <b>that Sufficient staff and material resources</b> are available to meet the needs of the participant;				
16.04.11.900.	Is the <b>environment</b> in which services are delivered is safe and conducive to learning;				
	Are the <b>skill training activities</b> are conducted in the <b>natural setting</b> where a person would commonly				

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	learn and utilize the skill, whenever appropriate				
16.04.11.900.03.	Does the agency have a process and/or monitoring tool to assure that DDA services provided to participants are observable in practice?				
	<b>OPTIONAL SERVICES</b>				
	<b>COLLATERAL CONTACT</b>				
16.04.11.724.01	If Collateral Contact is provided (Service is optional), does the agency assure that the service conducted by Agency Professionals qualified to deliver services and be necessary to gather and exchange information with individuals having a primary relationship to the participant?				
16.04.11.724.02	Does participant file have evidence the Collateral contact conducted Face to Face or by Telephone?				
16.04.11.724.02	Does the agency assure Collateral Contact <b>does not</b> include general staff training, general staffing, regularly scheduled parent-teacher conferences, general parent education, or treatment team meetings, even when the parent is present?				
16.04.11.724.03	Is the Collateral Contact <b>listed on the plan</b> with a goal and objective stated on the plan of service that identifies the purpose and outcome of the service and is conducted only with individuals specifically identified on the plan of service? Program Implementation Plans are not required for collateral contact objectives.				
	<b>SUPPORTIVE COUNSELING (OPTIONAL SERVICE)</b>				
16.04.11.726.01	If Supportive Counseling service is provided (Service is optional), does the agency assure that the service is recommended in a current psychological assessment?				
16.04.11.726.02	Does the agency assure that Supportive Counseling is provided in accordance with the requirements for the <b>plan of service</b> ? The <b>type, amount, frequency and duration</b> of this service must be specified on the plan of service.				
16.04.11.726.03	Does the agency assure that Supportive Counseling is provided by a professional listed under subsection 712.02 of these rules or by a licensed social worker (LSW)?				

Notes:

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If Participant receives developmental therapy to address PT/OT/SLP needs, or meets the requirement for med/soc or Psych assessment the following criteria must be met for Comprehensive Assessments. Complete the following as indicated.

### OTHER COMPREHENSIVE ASSESSMENTS (as indicated above)

	MEDICAL SOCIAL HISTORY – Completed by the IAP's Office (not required):				
16.04.11.604.07	Does the file contain a Medical Social History completed or obtained by the DDA?				
16.04.11.604.07	If the Medical Social History is completed by the DDA, it must include the following:				
16.04.11.604.07.a	<ul style="list-style-type: none"> <li>Medical history including age of onset of disability, prenatal and postnatal birth issues, other major medical issues, surgeries, and general current health information;</li> </ul>				
16.04.11.604.07.b	<ul style="list-style-type: none"> <li>Developmental history including developmental milestones and developmental treatment interventions;</li> </ul>				
16.04.11.604.07.c	<ul style="list-style-type: none"> <li>Personal history including social functioning/social relationships, recreational activities, hobbies, any legal and criminal history, and any history of abuse;</li> </ul>				
16.04.11.604.07.d	<ul style="list-style-type: none"> <li>Family history including information about living or deceased parents and siblings, family medical history, relevant family cultural background, resources in the family for the participant;</li> </ul>				
16.04.11.604.07.e	<ul style="list-style-type: none"> <li>Educational history including any participation in special education;</li> </ul>				
16.04.11.604.07.f	<ul style="list-style-type: none"> <li>Prevocational or vocational paid and unpaid work experiences;</li> </ul>				
16.04.11.604.07.g	<ul style="list-style-type: none"> <li>Financial resources; and</li> </ul>				
16.04.11.604.07.h	<ul style="list-style-type: none"> <li>Recommendation of services necessary to address the participant's needs.</li> </ul>				
	<b>PSYCHOLOGICAL ASSESSMENTS</b>				
16.04.11.601.01	Is the assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.e	Does the agency assure that psychological assessments obtained, <b>formulate a diagnosis</b> and <b>recommend the type of therapy</b> necessary to address the participant's needs?				
16.04.11.601.03.a -e	<b>Does the agency assure that a <u>current</u> psychological assessment's is completed or obtained</b> when the participant is receiving a behavior modifying drug(s); Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); when it is necessary to determine eligibility for services or establish a diagnosis; when a participant has been diagnosed with mental illness;				
16.04.11.703.07.	<b>Does the agency assure that when a psychological assessment is completed the results of the assessment are used when developing objectives</b> to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status?				
16.04.11.600.03	Is the assessment signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person?				
16.04.11.708.01	Does the agency assure that all services are included on the participant's plan of service?				
16.04.11.602.01	<b>Is the assessment current?</b> To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis.				
16.04.11.602.02. (Also Refer to	At the time of the required review of the assessment, does the qualified professional in the respective discipline determine whether a <b>full assessment or an updated assessment</b> is required for the purpose of				

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601.02)	reflecting the participants <b>current status</b> in that service area?				
16.04.11.602.02. Also Refer to 601.02	If during review of the assessment the latest assessment accurately represents the status of the participant, does the file contain documentation from the professional stating so?				
	<b>PSYCHIATRIC ASSESSMENTS</b>				
16.04.11.601.01	Is the assessment completed or obtained prior to the delivery of therapy?				
16.04.11. 600.01.e.	Does the agency assure the psychiatric assessment obtained formulates a diagnosis?				
16.04.11.703.07.	<b>Does the agency have a process to assure that the results of the psychiatric assessment when completed, is used when developing objectives</b> to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status?				
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	<b>OCCUPATIONAL THERAPY ASSESSMENT ( if applicable)</b>				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
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	<b>PHYSICAL THERAPY ASSESSMENT (If applicable)</b>				
16.04.11.601.01	Is the comprehensive assessment completed or obtained prior to the delivery of therapy?				
16.04.11.600.01.a	Does the comprehensive assessment determine the necessity of the service?				

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